

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11339

FILED  
Oct 24, 2011  
Secretary of State

**Entity Name:** GLADES MEDICAL PLAZA OF BOCA RATON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1590 N.W. 10TH AVENUE  
#300  
BOCA RATON, FL 33486 US

**Current Mailing Address:**

412 SE 18TH ST  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

1590 N.W. 10TH AVENUE  
#403  
BOCA RATON, FL 33486 US

**New Mailing Address:**

1590 N.W. 10TH AVENUE  
#403  
BOCA RATON, FL 33486 US

**FEI Number:** 59-2636174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANCOCK, JOHN T DR.  
1590 NW 10TH AVE  
303  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

CORSO, BARRY F DR.  
1590 NW 10TH AVE  
403  
BOCA RATON, FL 33486 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARRY F CORSO

10/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CORSO, BARRY F DR  
Address: 1590 NW 10TH AVE  
City-St-Zip: BOCA RATON, FL 33486

Title: DV  
Name: LANE, ROBERT DR  
Address: 1590 N.W. 10TH AVENUE,  
City-St-Zip: BOCA RATON, FL 33486

Title: DST  
Name: CARIDI, STEPHEN DR  
Address: 1590 NW 10TH AVENUE  
City-St-Zip: BOCA RATON, FL 33486

Title: D  
Name: MIKHAIL, MONGI  
Address: 1590 NW 10TH AVENUE  
City-St-Zip: BOCA RATON, FL 33486

Title: D  
Name: DELACRUZ, JOSE  
Address: 1590 NW 10TH AVENUE  
City-St-Zip: BOCA RATON, FL 33486

Title: D  
Name: CORSO, HELENE M DR  
Address: 1590 NW 10TH AVE  
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARRY CORSO

DP

10/24/2011

Electronic Signature of Signing Officer or Director

Date